

COMMON APPLICATION FORM

Application No.:

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
ARN-0906		E031087	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

<input checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	<input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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(Please) Lumpsum Investment Micro Application SIP Application

TRANSACTION CHARGES (Please any one of the below. Refer Instruction No. 11)

<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS Rs.150 will be deducted as transaction charges for transaction of Rs.10,000 and more	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS Rs.100 will be deducted as transaction charges for transaction of Rs.10,000 and more
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Please Specify Allotment Preference-Units in Physical Mode (Default Option) - Please OR Units in Demat Mode* Please

*Please provide details in section 7. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)

1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, Name, Section 2 & proceed to Section 6 - Investment Details]

Folio No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	Name of 1st Unit Holder []
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2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1st / Sole Applicant is Minor, then please provide details of natural/legal guardian

1st / SOLE APPLICANT - Mr. | Ms. | M/s.

PAN Details []	KYC PIs (✓) <input type="checkbox"/> Proof Attached	Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input type="checkbox"/> No* (*Default if not ✓)
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DATE OF BIRTH (Mandatory if applicant is Minor) D | D | M | M | Y | Y | Y | Y **Proof of Date of Birth (Please ✓)** Birth Certificate School Leaving Certificate / Mark Sheet Passport of the Minor Others (Please specify) _____

GUARDIAN (In case 1st Applicant is a Minor) Mr. | Ms. | M/s. **Relationship with Minor Please (✓)** Mother Father Legal Guardian

Contact Person for Corporate Investor Name [] Designation []

POA Details Name - []	PAN Details []	KYC PIs (✓) <input type="checkbox"/> - Proof Attached
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Mode of Holding Anyone or Survivor Single Joint (Please note that the Default option is Anyone or Survivor)

3. Status - 1st/SOLE APPLICANT Individual or Non-Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form - Refer Instruction 2(d)]

Tax Status Resident Individual Sole Prop NRI - NRE Trust Bank / FIs FIs PIO Society/AOP/BOI Minor thru Guardian
NRI - NRO HUF LLP Listed Company Unlisted Company Partnership Firm FOF - MF Schemes Others Please specify _____

Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (Please specify) _____

Gross Annual Income (Rs.) [Pls tick (✓)] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh > 1 Crore
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on D | D | M | M | Y | Y | Y | Y (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP Not Applicable

Non-Individual Investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending / Pawning None of the above

2nd APPLICANT Mr. | Ms. | M/s. (Not Applicable in case of Minor Applicant)

PAN Details []	KYC PIs (✓) <input type="checkbox"/> Proof Attached	Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input type="checkbox"/> No* (*Default if not ✓)
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Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (Please specify) _____

Gross Annual Income (Rs.) [Pls tick (✓)] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh > 1 Crore
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on D | D | M | M | Y | Y | Y | Y (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP Not Applicable

Non-Individual Investors involved / providing any of the mentioned services Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above

3rd APPLICANT Mr. | Ms. | M/s. (Not Applicable in case of Minor Applicant)

PAN Details []	KYC PIs (✓) <input type="checkbox"/> Proof Attached	Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input type="checkbox"/> No* (*Default if not ✓)
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Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (Please specify) _____

Gross Annual Income (Rs.) [Pls tick (✓)] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh > 1 Crore
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on D | D | M | M | Y | Y | Y | Y (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP Not Applicable

Non-Individual Investors involved / providing any of the mentioned services Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above

ACKNOWLEDGEMENT SLIP Received Application from Mr. / Ms. / M/s. _____ No.: _____ For Lumpsum OR SIP as per details below:

Scheme Name and Plan	Option	Sub Option	Payment Details	Date & Stamp of Collection Centre / ISC
	<input type="checkbox"/> Growth	<input type="checkbox"/> Reinvestment	Amount (Rs) _____ Cheque/DD No.: _____ Dated _____ Bank & Branch _____	
	<input type="checkbox"/> Dividend	<input type="checkbox"/> Payout		

Cheque / DD is subject to realisation

*For Product Labeling of all funds, please refer Instructions page of the Key Information Memorandum cum Application Form.

Please Read All Instructions as given in KIM, to help you complete the Application Form correctly.

OR

07-07-2014

4. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]

Local Address of 1st Applicant-

City	State	Pin Code
Tel. Off.	Resi.	Mobile
E - Mail^^		

^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.

4a. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]

Overseas Correspondence Address-

5. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank

Core Banking A/c No. _____ A/c. Type Pls. (✓) NRE CURRENT SAVINGS NRO

Branch Name _____ Address _____

Bank Branch City _____ State _____ Pin Code _____

MICR Code _____ Please attach a cancelled cheque OR a clear photo copy of a cheque IFSC Code (Mandatory for Credit via NEFT/RTGS) _____

6. INVESTMENT AND PAYMENT DETAILS (#For complete information on Investment Details please refer to Instructions No. 6.)

Special Instructions for NRI Applicants: 1. It is mandatory for NRIs to attach a copy of the payment cheque / FIRC / Debit Certificate to ascertain the repatriation status of the amount invested. 2. The AMC and the Registrar may ascertain the repatriation status purely based on the details provided under Investment and Payment details and will not be liable for any incorrect information provided by the applicant(s). 3. In case the source of funds through Non Domestic Account is not validated/provided, AMC will not be in a position to repatriate redemption proceeds.

Scheme Name:	Plan	Option & Sub option
Investment Amount (Rs.)	DD Charges# if any (Rs.)	Net Amount (Rs.)
Mode of Payment	Cheque / DD / Funds Transfer / Pay Order <i>Strike out whichever is not applicable</i>	
Chq. / DD No.	Date	Drawn on Bank
Please (✓) Source of Funds:- *A/c Type - S/B <input type="checkbox"/> NRE* <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> Others _____ (Please specify) Bank A/c No. : _____		
*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.		

Third Party Cheque / Transfer will not be accepted for Investment [Refer Instruction No. 6(e)]

EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please ✓) : The details of the cheque provided above pertains to my/our own bank account in my/our name Yes No*
*If No, my relationship with the bank account holder is _____ (Please specify) (Application Form without this Information may be rejected)

7. DEMAT ACCOUNT DETAILS – Mandatory for units in Demat Mode -Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
DP Name - _____	DP Name - _____
DP ID - I N _____ Benef. A/C No. - _____	16 Digit A/C No. - _____

Enclosures - Please (✓) Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

8. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]

I/WE DO NOT WISH TO NOMINATE (OR) I/We, the Applicant(s) do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nomination in respect of the units stands rescinded upon Registration of Fresh/Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s).[®]If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s).

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian
1		D D M M Y Y Y Y Y				
2		D D M M Y Y Y Y Y				
3		D D M M Y Y Y Y Y				

9. DOCUMENTS ENCLOSED (Please ✓)

KYC Compliance Status Proof PAN Proof Cancelled Cheque Copy Third party Declaration Form FIRC Trust Deed Power of Attorney
 Partnership Deed MOA & AOA Resolution / Authorisation to Invest Bye-Laws List of Auth. Signatories & Specimen Signature(s)

10. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs.50,000/- in a rolling twelve month period or in a financial year". **Applicable for NRIs only:-** I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

<input checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	<input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

Cheque/DD should be Drawn in favour of the Scheme Name	Mirae Asset India Opportunities Fund	Mirae Asset Emerging Bluechip Fund
Mirae Asset India China Consumption Fund	Mirae Asset China Advantage Fund	Mirae Asset Global Commodity Stock Fund
Mirae Asset Ultra Short Term Bond Fund	Mirae Asset Short Term Bond Fund	Mirae Asset Cash Management Fund

For more information visit us at www.miraeassetmf.co.in E-mail us at customercare@miraeasset.com Call us at **1800-2090-777** (Toll Free)

SYSTEMATIC INVESTMENT PLAN (SIP)

Application No.:



Registration Cum Mandate Form For SIP Through ECS or Direct Debit (Auto Debit) at Select Locations/Bank Branches

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
ARN-0906		E031087	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
 EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

<input checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	<input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the following Scheme and the terms & conditions of SIP enrolment and registration through ECS or Direct Debit (Auto Debit). Please (✓) relevant option:- Enrollment for New Registration (Please fill all sections)
 Please change my / our bank account for ECS (Debit Clearing) / Direct Debit (Change in bank account) for my existing SIP(s). Please fill section 1, 4 & 5 only.

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Folio No. <input type="text"/>	Name of 1st Unit Holder - <input type="text"/>
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2. SIP ENROLMENT DETAILS

Frequency please (✓)	<input type="checkbox"/> Monthly (Default) - Min (₹) 1000	<input type="checkbox"/> Quarterly - Min (₹) 1500
Scheme Plan	<input type="checkbox"/> Growth (Default)	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Reinvestment
SIP Date Please (✓)	<input type="checkbox"/> 01 st	<input type="checkbox"/> 10 th (Default) <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th

^SIP PERIOD: SIP Start Date : -- End Date : Perpetual Dec 2099 or (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

OR Enter SIP End Date : -- SIP Amount (₹) 5,000 10,000 25,000 Any Other Amt.(₹)

3. SIP PAYMENT DETAILS

3a - Only for Exiting Investors - I/We wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted Please (✓)

3b - For New Investors - First SIP via Cheque and Subsequent SIP via ECS (Auto Debit Clearing) at select locations** given behind OR via Direct Debit facility for Investors having their bank accounts with Core Banking Branches of the following banks - Axis Bank Ltd., Bank of Baroda, Bank of India, IDBI Bank Ltd., IndusInd Bank, Kotak Mahindra Bank Ltd., ICICI Bank Ltd., SBI and Punjab National Bank.

First SIP Cheque No. <input type="text"/>	Drawn on Bank <input type="text"/>
Cheque Date <input type="text"/>	A/c. Type <input type="radio"/> NRE* <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> NRO

*Kindly provide photocopy of the payment instrument or Foreign Inward Remittance Certificate (FIRC) Evidencing source of Funds

4. ECS / DIRECT DEBIT BANK ACCOUNT DETAILS (Mandatory)

I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.

Name of 1st A/c. Holder as in Bank Records - <input type="text"/>
Bank Name - <input type="text"/>
Core Banking A/c. No. <input type="text"/>
Branch Name & Address <input type="text"/>
City <input type="text"/>
9 Digit MICR Code <input type="text"/>
Bank Account Type Please (✓) <input type="radio"/> NRE* <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> NRO

Mandatory Enclosures : Main Application Form and Please (✓) Blank Cancelled Cheque "OR" Copy of Cheque

Third Party Cheque / Transfer will not be accepted for Investment [Refer Instruction No. 6(e)]
 EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please ✓) : The details of the cheque provided above pertains to my/our own bank account in my/our name Yes No*
 *If No, my relationship with the bank account holder is (Please specify) (Application Form without this Information may be rejected)

DECLARATION & SIGNATURE: I/We hereby declare that the particulars given in this SIP Application Form are correct and express my/our willingness to make payments referred above through participation in ECS / Direct Debit Facility. I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons. I/We would not hold Mirae Asset Global Investments (India) Pvt. Ltd., their appointed service providers or representatives responsible. I/We will also inform Mirae Asset Global Investments (India) Pvt. Ltd. (Investment Managers to Mirae Asset Mutual Fund) about any change in my/our bank account and also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us". "I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding 50,000 in a rolling 12 month period or in a financial year".

<input checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta (AS IN BANK RECORDS)	<input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)	<input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)
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5. AUTHORISATION OF BANK ACCOUNT HOLDER [To be signed by the Account Holder(s) as per Bank Records]

This is to inform I/We have registered for the RBI's Electronic Clearing Service (ECS / Direct Debit) Facility and that my / our payment towards my / our investment in Mirae Asset Mutual Fund shall be made from my / our below mentioned Bank Account Number with your bank. I / We authorise Mirae Asset Mutual Fund, acting through their service providers and representative carrying this ECS Mandate / Direct Debit Facility Form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our account.

Name of A/c. Holder as in Bank Records <input type="text"/>
Core Banking A/c. No. <input type="text"/>
Each SIP Amount (₹) <input type="text"/>

<input checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta (AS IN BANK RECORDS)	<input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)	<input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)
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Investor must read the instructions, terms and conditions overleaf before completing this form. First time investors need to fill up the main Application Form along with SIP application form

Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-Individual Applicants/Investors)

This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

A: Applicant details:

Applicant Name:	
PAN	

B: Category [tick applicable category]:

- Unlisted Company Partnership Firm Limited Liability Partnership Unincorporated association / body of individuals
 Public Charitable Trust Religious Trust Private Trust/Trust created by a Will Others _____ [please specify]

C: Details of Ultimate Beneficial Owners (If the given space below is not adequate, please attach multiple declaration forms)

Sr. No.	Name of Beneficial Owners (Natural Persons/Listed company with non controlling interest)	PAN (for Residents/NRIs) ID Proof (Foreign/PAN Exempt Individuals) Nature of Ownership	Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships)
		PAN <input type="text"/> ID Proof : _____ Nature : _____	<input type="checkbox"/> >25% control of company <input type="checkbox"/> >15% control of Partnership/LLP/Trust/AoP/Bol
		PAN <input type="text"/> ID Proof : _____ Nature : _____	<input type="checkbox"/> >25% control of company <input type="checkbox"/> >15% control of Partnership/LLP/Trust/AoP/Bol
		PAN <input type="text"/> ID Proof : _____ Nature : _____	<input type="checkbox"/> >25% control of company <input type="checkbox"/> >15% control of Partnership/LLP/Trust/AoP/Bol
		PAN <input type="text"/> ID Proof : _____ Nature : _____	<input type="checkbox"/> >25% control of company <input type="checkbox"/> >15% control of Partnership/LLP/Trust/AoP/Bol
		PAN <input type="text"/> ID Proof : _____ Nature : _____	<input type="checkbox"/> >25% control of company <input type="checkbox"/> >15% control of Partnership/LLP/Trust/AoP/Bol

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Place : _____ Date : _____

Authorized Signatories
[with Company/Trust/Firm/Body Corporate seal]

BACKGROUND

Pursuant to SEBI master circular vide ref. No.CIR/ISD/AML/3/2010 dated December 31, 2010 on anti money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. No.CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s).

The Ultimate Beneficial Owner means:

- For Investor other than Trust:**
A 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest.
Controlling ownership interest means ownership of / entitlements to:
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
 In cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control

through ownership interests, the identity details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner). However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

- For Trust:**
The settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.
Exemption in case of listed companies:
The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.
Applicability for foreign investors:
The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/ MIRSD/11/2012 dated September 5, 2012.

MIRAE ASSET TRIGGER INVESTMENT PLAN (TRIP)



Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
ARN-0906		E031087	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
 EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application)

Folio No. Name of 1st Unit Holder

Please (✓) any one NEW REGISTRATION CANCELLATION

Please note : all new investors will have to submit this TRIP registration form along with the Common Application Form

2. TRIGGER SCHEME DETAILS (Please (✓) any one only from Source & Target Scheme)

Source Scheme(s)			Target Scheme(s)		
<input type="checkbox"/> Mirae Asset Cash Management Fund	<input type="checkbox"/> Mirae Asset Short Term Bond Fund	<input type="checkbox"/> Mirae Asset Ultra Short Term Bond Fund	<input type="checkbox"/> Mirae Asset India Opportunities Fund	<input type="checkbox"/> Mirae Asset Emerging Bluechip Fund	Plan / Option _____

3. TRIGGER EXECUTION DETAILS (Please ✓ any one only)

Four stages of TRIGGER execution	BSE SENSEX Levels (please indicate at what levels you wish the transfer to happen)	Illustration	<input type="checkbox"/> Flexible Instalment Option	Fixed Instalment Option
I		Please indicate BSE SENSEX levels such as 9000, 9500, 10,000, 10,500 etc. in multiples of 500 points.	Minimum 10%	25%
II			Minimum 10%	25%
III			Minimum 10%	25%
IV			Minimum 10%	25%
			Total	100%

For detailed information and Terms & Conditions, please see overleaf ** Please note that under flexible instalment option the total of percentages should be 100.

Please note - If only one (1) Index level is given, then the entire (100%) unit balance in the source scheme will be switched out into the Target Scheme.

4. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that **"The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs.50,000/- in a rolling twelve month period or in a financial year".** **Applicable for NRIs only:-** I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA / Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA / Karta	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA / Karta
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ACKNOWLEDGEMENT SLIP Received from Mr. | Ms. | M/s. _____

TRIGGER	as per details below:	Application No. _____
	From Scheme / Plan / Option _____	DATE & STAMP OF COLLECTION CENTRE / ISC
	To Scheme / Plan / Option _____	
	Options (Please (✓) appropriate box below)	
Flexible Instalment Option <input type="checkbox"/>	Fixed Instalment Option <input type="checkbox"/>	

MIRAE ASSET VARIABLE TRANSFER PLAN (VTP)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
ARN-0906		E031087	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
 EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application)

Folio No. Name of 1st Unit Holder

Please note : all new investors will have to submit this VTP registration form along with the Common Application Form

2. VTP REGISTRATION DETAILS (Please (✓) any one only from Source & Target Scheme)

Source Scheme Mirae Asset Cash Management Fund Mirae Asset Short Term Bond Fund Mirae Asset Ultra Short Term Bond Fund Plan / Option _____

Target Scheme
 Mirae Asset India Opportunities Fund Mirae Asset China Advantage Fund Mirae Asset Emerging Bluechip Fund
 Mirae Asset India-China Consumption Fund Mirae Asset Global Commodity Stocks Fund Plan / Option _____

Please (✓) VTP Frequency from the below options:- (Transactions will be triggered after 7 working days from the date of submission)

For Daily, Weekly, Fortnightly and Monthly option min. 6 transfers of Rs.1000/- each. For Quarterly option min. 4 transfers of Rs.1500/- each.

Daily (Monday to Friday) Monthly # Quarterly #

Please (✓) VTP Date
 Weekly (Every Wednesday) Fortnightly (Alternate Wednesday) 01st 10th (default) 15th 21st 28th

Amount of 1st transfer (Rs. in Figures) VTP Start Date from To

Minimum amount in the source scheme at the time of enrolment for Variable Transfer Plan should be Rs.25,000/-.

* Subsequent transfer amount(s) will be calculated as per the formula given in the Terms & Conditions.

3. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs.50,000/- in a rolling twelve month period or in a financial year". **Applicable for NRIs only:-** I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/ are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA / Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA / Karta	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA / Karta
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VTP	ACKNOWLEDGEMENT SLIP Received from _____ an application for _____	Application No.:
	Variable Systematic Transfer facility as per details below:	DATE & STAMP OF COLLECTION CENTRE / ISC
	Received from Mr./s/Ms. _____ an application under Variable STP for Transfer of units;	
from Scheme / Plan / Option _____		
to Scheme / Plan / Option _____		
Amount Registered (₹) _____		

MIRAE ASSET GROUP INVESTMENT PLAN (GRIP)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
ARN-0906		E031087	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor". EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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TRANSACTION CHARGES (Please tick any one of the below)

<input type="radio"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS Rs.150 will be deducted as transaction charges for transaction of Rs.10,000 and more	OR	<input type="radio"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS Rs.100 will be deducted as transaction charges for transaction of Rs.10,000 and more
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NAME OF THE COMPANY :

Contact Name Mr. Ms.	Designation
Tel. Off.	Mobile
E - Mail P L E A S E U S E B L O C K L E T T E R S	

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio Number, Name, Section 2, 6 & proceed to Section 8 - (Payment Details))

Folio No. <input type="text"/>	Name of 1st Unit Holder <input type="text"/>
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Please note : all new investors will have to submit this GRIP registration form along with the Common Application Form

2. APPLICANT(S) NAME AND INFORMATION

1st / SOLE APPLICANT - Mr. Ms.	EMPLOYEE'S NAME
DATE OF BIRTH <input type="text"/>	Employee ID <input type="text"/>
2nd APPLICANT - Mr. Ms.	
3rd APPLICANT - Mr. Ms.	
Mode of Holding	Anyone of Survivor <input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Status - Resident Individual
(Please note that the Default option is Anyone or Survivor) Occupation - Service	

3. MAILING ADDRESS [Please provide Full Address P. O. Box Number may not be sufficient]

Local Address of 1st Applicant-	
City	State
Tel. Off.	Resi.
E - Mail P L E A S E U S E B L O C K L E T T E R S	

4. NOMINATION DETAILS - Mandatory

I/WE DO NOT WISH TO NOMINATE (OR) I / We, the Applicant(s) do here by nominate the undermentioned Nomin(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nomination in respect of the units stands rescinded upon Registration of Fresh / Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s). @If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s).

No.	Nominee(s) Name	Date of Birth (In case of Minor)	Name of the Guardian (In case of Minor)	Relationship	@% of Share	Signature of Nominee / Guardian
1		<input type="text"/>				
2		<input type="text"/>				
3		<input type="text"/>				

ACKNOWLEDGEMENT SLIP

Received from Mr. | Ms. |

as per details below:

Application No.:

GRIP	Scheme Name and Plan	Option	Payment Details	Date & Stamp of Collection Centre / ISC
	<input type="radio"/> Mirae Asset India Opportunities Fund <input type="radio"/> Mirae Asset Emerging BlueChip Fund	<input type="radio"/> Growth <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvestment	Amount (Rs) _____ Cheque/DD No. _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation

NAME OF COMPANY _____

5. Please give details of Scheme / Plan / Option

Mirae Asset India Opportunities Fund - Plan / Option -

Mirae Asset Emerging BlueChip Fund - Plan / Option -

6. BANK ACCOUNT DETAILS - Mandatory

Name of the Bank																								
Core Banking A/c No.																			Bank A/c Type - SAVINGS					
Branch Name	Address																							
Bank Branch City	State				Pin Code																			
MICR Code					Please attach a cancelled cheque OR a clear photo copy of a cheque								IFSC Code (Mandatory for Credit Via NEFT/RTGS)											

7. Payment Details - Mandatory

Employee to Employer : Monthly Deducton from Employee's Salary Savings Bank A/c Number: _____

8. EXCEPTION TO THIRD PARTY PAYMENT - Mandatory (To be filled by Employer)

Payment by Employer on behalf of employee to Mirae Asset Global Investments (India) Pvt. Ltd.

We hereby declare that this application form for subscription of units in Mirae Assets India Opportunities Fund 'OR' Mirae Assets Emerging Bluechip Fund is accompanied by the cheque (details mentioned below) :-

Drawn on Bank: _____ Branch / City: _____

Drawn in favour of MIRAE ASSET GROUP SIP POOL A/C Cheque No. _____ Cheque Date D D M M Y Y Y Y

Consolidated Cheque Amount : ₹ _____ for _____ number of employees.

We confirm that the beneficial owner(s) of the investment in these units is Mr. | Ms. _____ who is our employee and has provided the funds on account of personal investments.

Signature of Declarant(s) _____

Name of Declarant(s) _____ Employer

Income Tax PAN No: _____

(With Company Seal)

Address of Declarant(s) _____

Please attach KYC Compliance status proof of the Employer

9. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/ We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs.50,000/- in a rolling twelve month period or in a financial year". **Applicable for NRIs only:-** I/ We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/ We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/ We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

Signature of Employee /Sole Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Mutual Fund investments are subject to market risks, read all scheme related documents carefully. Past performance of the Sponsor / AMC / Mutual Fund does not guarantee the future performance of the Schemes of Mirae Asset Mutual Fund. SPONSOR: Mirae Asset Global Investments Company Limited; TRUSTEE: Mirae Asset Trustee Company Private Limited; ASSET MANAGEMENT COMPANY: Mirae Asset Global Investments (India) Pvt. Ltd. Liability of the sponsors is restricted to initial contribution made by them for an aggregate amount of Rs. 1 Lakh. Investors in the scheme are not being offered any guaranteed / indicative/ assured returns. A copy of SAI / SID/ Key Information Memorandum cum Application form will be available at AMC offices/AMC website www.miraeassetmf.co.in / Investor Service Centre / Distributors on request.

Instructions for Filling Application Form

Mirae Asset Group Investment Plan (GRIP)

11. Authorisation to the Organisation (To be filled in by the Investor / Employee)

FREQUENCY : MONTHLY

To,
Accounts Department,

Dear Sir/Madam,

I hereby authorise the organisation to deduct the below mentioned amount towards Mirae Asset Group SIP (GRIP) from my salary every month and remit it to Mirae Asset Mutual Fund. I reserve to modify or discontinue the Mirae Asset Group SIP (GRIP) deduction.

Name of the Applicant (Employee) _____

Rupees in Figures Rs. _____ /- (Rupees in Words _____ only)

START DATE : IMMEDIATE

Note: For the Accounts Department : - A consolidated cheque representing all the salary deductions needs to be issued by the Salary Department (alongwith a list of employees, respective employee codes & respective deduction amount) in favour of **Mirae Asset Group SIP Pool A/c**.

APPLICATION No.:

D	D	M	M	Y	Y	Y	Y
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**SIGNATURE OF THE
FIRST APPLICANT (EMPLOYEE)**

A) MODE OF PAYMENT : For Accounts / Payroll Department of the Organisation participating in GRIP .

- (a) Employee authorises the company to deduct the investment amount from monthly salary.
- (b) Accounts/ HR Department issues a consolidated cheque in favour of Mirae Asset Group SIP Pool A/c for the total amount of investment (of all employees put together) along with employee wise deduction details in the specified format.
- (c) Credit of Redemption & Dividend - The Mutual Fund has an arrangement with select banks to enable direct credit of redemption/ dividend proceeds into the bank account of the respective investors who have an account with any of these banks.
- (d) Cheque drawn on the bank not participating in the clearing house will not be accepted.

B) GENERAL INSTRUCTIONS

- (i) Please read the terms of the Key Information Memorandum and the Scheme Information Document carefully before filling the Application Form. Investors should also apprise themselves of the prevailing Load structure on the date of submitting the Application Form. Investors are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the Application Form.
- (ii) Application form should be completed in English and in BLOCK LETTERS. Please tick in the appropriate boxes wherever applicable.
- (iii) The signature should be in English or in any of the Indian languages specified in the eighth schedule of the Constitution of India. Thumb Impressions must be attested by a magistrate or a notary public or a special executive magistrate under his / her official seal.
- (iv) The application form needs to be submitted by the Employee to the Salary Department of its Organization. The Salary Department will detach the portion authorizing the salary deduction and send the remaining portion of the form to Mirae Asset Mutual Fund. Applications incomplete in any respect are liable to be rejected.
- (v) The designated Investors Service Centre will stamp and return the acknowledgment slip to your company, to acknowledge receipt of the application.

C) SPECIFIC INSTRUCTION FOR Mirae Asset Group SIP (GRIP)

- a. SCHEMES AVAILABLE UNDER THE GRIP Facility
Mirae Asset India Opportunities Fund
Mirae Asset Emerging Bluechip Fund
- b. This form should be submitted at least 5 working days before the salary date.
- c. All GRIP purchases are subject to realisation of the Cheque / DD remitted by the Salary Department of the Organisation.
- d. The Employer will upload the data in the agreed format directly through the FTP route. The Karvy Server time will be taken as the time stamp reference number for the purpose of the NAV applicability. The Original form has to be submitted to the AMC / Karvy.
- e. Units to be allotted in Physical Mode only. Option to hold units in De-Mat mode will not be available.
- f. NRI will not be able to invest through this facility.
- g. The employee has to be the First / Sole Applicant for the facility.
- h. Cheque drawn on the bank not participating in the clearing house will not be accepted.
- i. Payment through Stockinvest, outstation cheques and cash will not be accepted.
- j. Organisations in Centres where the Investors service Centres of the mutual fund are not located are requested to make payment by demand drafts payable at the Centre where the application is to be lodged. D.D. charges would be borne by the fund only for the organizations located at places which are not covered by our offices/authorized centres. The maximum charges so borne by the fund would be restricted to limits as prescribed by State Bank of India.

D) INVESTOR PARTICULARS

- (i) Name and address must be given in full. P.O. Box address is not sufficient.
- (ii) Investors should clearly indicate their preference of Scheme, Plan & Option on the application form. If no Option is selected in the application form, the investment will be deemed to be for the default option -GROWTH

Application Form: Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP) Systematic Investment Plan (SIP)* - *Through Post dated cheques



Investor must read the instructions section before completing this form. First time investors need to submit this form along with the main application form

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
ARN-0906		E031087	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
 EUIN is mandatory for all transactions routed through a broker. **For details on Employee Unique Identification Number (EUIN), please refer Point No.12 given in the instructions in the KIM.** If the EUIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Folio No.	Name of 1st Unit Holder
-----------	-------------------------

2. SYSTEMATIC TRANSFER PLAN (STP)

From Scheme _____ Plan _____ Option _____
 To Scheme _____ Plan _____ Option _____

Please (✓) STP Frequency from the below options:- (Transactions will be triggered after 7 working days from the date of submission)
 For Daily option min. 5 transfers of Rs. 1000 each; for Weekly, Fortnightly and Monthly option min. 6 transfers of Rs. 1000 each and for Quarterly option min. 4 transfers of Rs. 1500 each

Daily (Monday to Friday) Monthly # Quarterly #
 # Please (✓) STP date
 Weekly (Every Wednesday) Fortnightly (Alternate Wednesday) 01st 10th (default) 15th 21st 28th

Fixed Amount per transfer (Rs. In Figures) _____ STP Start Date from DD / MMM / YYYY To DD / MMM / YYYY

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

From Scheme _____ Plan _____ Option _____

Withdrawal Option Fixed OR Appreciation withdrawal (1st of each Month/Quarter)
 (Please ✓) (Min. 12 Months/4 Quarters of Rs. 1000 and above) (Min. 12 Months/4 Quarters of Rs. 1000 and above) Fixed Amount Per Withdrawal Rs. _____ in figures

Withdrawal Date (Please ✓) 01st 10th (Default) 15th 21st 28th SWP Period From DD / MMM / YYYY To DD / MMM / YYYY

4. SYSTEMATIC INVESTMENT PLAN (SIP) ENROLMENT DETAILS - Facility through Post Dated Cheques (PDCs)

Scheme / Plan / Option _____ Frequency Please (✓) _____ From Monthly (Min. 6 installments of Rs. 1,000/- each) To Quarterly (Min. 4 installments of Rs. 1,500/- each)

SIP Date Please (✓) 01st 10th (Default) 15th 21st 28th Period of enrolment * Default End Date would be 12 months from the 1st installment
 M M - Y Y Y Y M M - Y Y Y Y

SIP Amount (Rs.) _____ Amount (Rs.) (in words) _____

Details of PDCs:- All PDCs must be dated as per respective SIP date chosen
 Cheque Number(s) - From _____ To _____ = Total Cheques _____
 Drawn on Bank _____ Branch Name _____
 A/c. Type Please (✓) NRE* CURRENT SAVINGS NRO *Kindly provide photocopy of the payment instrument or Foreign Inward Remittance Certificate (FIRC) Evidencing source of Funds

Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6e)

EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please ✓) : The detail of the cheque provided above pertains to my/our own bank account in my/our name Yes No*
 *If No, my relationship with the bank account holder is _____ (Please specify) (Application Form without this information may be rejected)

5. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs.50,000/- in a rolling twelve month period or in a financial year". **Applicable for NRIs only:-** I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

<input type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA / Karta	<input type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	<input type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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	Received From _____ an application for Systematic Investment / Systematic Withdrawal / Systematic Transfer facility as per below details- Application / Folio No. _____	ACKNOWLEDGEMENT SLIP DATE AND STAMP OF COLLECTION CENTRE/ISC
	Scheme _____ SIP <input type="checkbox"/> Date DD / MM / YYYY Amount (Rs) _____ Plan _____ SWP <input type="checkbox"/> Date DD / MM / YYYY Amount (Rs) _____ Option _____ STP <input type="checkbox"/> Date DD / MM / YYYY Amount (Rs) _____	

COMMON TRANSACTION FORM

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
ARN-0906		E031087	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
EUIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIN), please refer Point No.12 given in the instructions in the KIM. If the EUIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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TRANSACTION CHARGES - Refer Instruction No. 11. For all existing investors Rs. 100 will be deducted as transaction charges for transaction of Rs. 10,000 and more

Please Specify Allotment Preference-Units in Physical Mode (Default Option) – Please OR Units in Demat Mode* Please

*Please provide details in below section. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)

National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)	
DP Name -		DP Name -	
DP ID- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Benef. A/C No. - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16 Digit A/C No.- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Enclosures - Please Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

1. Investor Details (All KYC data / credential will be taken as updated under the folio)

Folio No. Sole First Applicant

Scheme Plan / Option

Dividend - Payout Reinvestment (frequency please Daily Weekly Monthly Quarterly

Please Specify Scheme / Plan

I/We wish to apply Units for Rs. (figures)

2. Additional Purchase

Rs. (words)

Cheque / DD Number Date

Drawn on

Branch City

Please Source of Funds:- *A/c Type - S/B NRE* Current NRO Others (Please specify) Bank A/c No.:

*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.

Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6e)

EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please): The detail of the cheque provided above pertains to my/our own bank account in my/our name Yes No*
*If No, my relationship with the bank account holder is (Please specify) (Application Form without this Information may be rejected)

3. Redemption

I/We wish to Redemption Units for Rs. (figures) Or Units

Rs. (words)

To Scheme/Plan/Option

4. Switch Request

I/We wish to Switch Units for Rs. (figures) Or Units

Rs. (words)

To Scheme/Plan/Option

5. Declaration & Signatures

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have not made any other Micro application (including Lumpsum + SIPs) which together with the current application would result in aggregate investments exceeding Rs.50,000/- in a rolling twelve month period or in a financial year". **Applicable for NRIs only:-** I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/ We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

<input checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA / Karta	<input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Acknowledgment Slip Add. Purchase Redemption Switch

Received from Folio No.

an application for Rs. Units

vide cheque no. Date

drawn on

Scheme name (Please Specify Plan / Option / Sub Option)

For Switch Transaction - To Scheme (Please Specify Plan / Option / Sub Option)

Date and Stamp of Collection Centre/ISC

OTHER FACILITIES FORM

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
ARN-0906		E031087	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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1. Investor Details

Folio No. Sole First Applicant

2. Change of Address / Contact Details#

New Address

City Pin State

Tel. Off. Resi. Mobile

E - Mail

If you are KYC compliant, change of address request has to be submitted at POS of CVL using their form.

3. Change of Bank Mandate (Refer Instruction No. 3, 4 & 5) - Also read instruction on Multiple Bank Accounts Registration facility

Name of the Bank												
Core Banking A/c No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A/c. Type Pls. (✓) NRE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> NRO <input type="radio"/>
Branch Name	Address											
Bank Branch City	State											
MICR Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pin Code <input type="text"/>
	Please attach a cancelled cheque OR a clear photo copy of a cheque						IFSC Code (Mandatory for Credit via NEFT/RTGS)					

4. Nomination Details (Optional) Minor / HUF / POA Holder / Non Individuals cannot Nominate

I / We, the Applicant(s) do here by nominate the undermentioned Nominee(s) to receive the allotted units to me / us in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nomination in respect of the units stands rescinded upon Registration of Fresh/Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s).
(Please ✓) Fresh Nomination Change in Nominees

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian
1		D D M M Y Y Y Y				
2		D D M M Y Y Y Y				
3		D D M M Y Y Y Y				

*If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

5. E-COMMUNICATIONS / SMS SERVICES (PLEASE ✓)

I / We wish to receive Account Statements / Annual Reports / Qly. Statements / Newsletter / Updates or any other Statutory Information via E-mail in lieu of Physical Documents. I / We wish to receive SMS alerts for our Investments.

6. Transact On-line (Please ✓) - Refer instruction no.8 of Key Information Memorandum.

I / We wish to transact On-line through Mirae Asset e-Fund Market Facility. Please issue my unique I-PIN.

7. Documents Submission (Please ✓)

Memorandum & Articles of Association Resolution / Authorisation to Invest PAN Proof List of Auth. Signatories & Specimen Signature(s)
 KYC Compliance Status Proof Trust Deed Power of Attorney Bye-Laws Partnership Deed FIRC Cancelled Cheque Copy

8. Declaration & Signatures

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I / We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have not made any other Micro application (including Lumpsum + SIPs) which together with the current application would result in aggregate investments exceeding Rs.50,000/- in a rolling twelve month period or in a financial year". **Applicable for NRIs only:-** I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/ We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

⊗ Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA / Karta	⊗ Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	⊗ Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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<p>MIRAE ASSET Mutual Fund</p> <p>Received from Mr./Ms./Mrs. _____ under Application / Folio No. _____ an application as per below details - (Please ✓)</p> <p>Change of Address / Contact Details <input type="radio"/> Nomination Details <input type="radio"/> SMS Services <input type="radio"/> Transact On-line <input type="radio"/> Change of Bank Details <input type="radio"/> e-Communications <input type="radio"/> Documents Submission <input type="radio"/></p>	<p>ACKNOWLEDGEMENT SLIP</p> <p>DATE AND STAMP OF COLLECTION CENTRE/ISC</p>

Multiple Bank Accounts Registration Form

Please strike unused sections to avoid unauthorised use.

Folio No. (For Existing Unit Holders) _____	OR	Application No (for New Unit Holders) _____		Permanent Account Number (PAN)										
Name of Sole / First Unit Holder _____				<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>										

A – Addition Of Bank Accounts

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of Individuals/HuF and ten in the case of non individuals.

➤ For each bank account, Investors should produce original for verification or submit originals of the documents mentioned below.

1st Additional bank accounts details

Name of the Bank _____				
Core Banking A/c No.	<input style="width:95%;" type="text"/>	A/c. Type Please (✓) NRE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> FCNR <input type="radio"/> NRO <input type="radio"/>		
Branch Name	Address _____			
Bank Branch City	State _____	Pin Code	<input style="width:80%;" type="text"/>	
^MICR Code	<input style="width:80%;" type="text"/>	Please attach a cancelled cheque OR a clear photo copy of a cheque		
		^^IFSC Code (Mandatory for Credit via NEFT/RTGS)	<input style="width:80%;" type="text"/>	
Document attached (Please (✓) Any one): <input type="radio"/> Cancelled Cheque with name pre-printed <input type="radio"/> Bank statement <input type="radio"/> Pass book <input type="radio"/> Bank Certificate				

^9 digit code on your cheque next to the cheque number. **^^11 digit code printed on your cheque.**

2nd Additional bank accounts details

Name of the Bank _____				
Core Banking A/c No.	<input style="width:95%;" type="text"/>	A/c. Type Please (✓) NRE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> FCNR <input type="radio"/> NRO <input type="radio"/>		
Branch Name	Address _____			
Bank Branch City	State _____	Pin Code	<input style="width:80%;" type="text"/>	
^MICR Code	<input style="width:80%;" type="text"/>	Please attach a cancelled cheque OR a clear photo copy of a cheque		
		^^IFSC Code (Mandatory for Credit via NEFT/RTGS)	<input style="width:80%;" type="text"/>	
Document attached (Please (✓) Any one): <input type="radio"/> Cancelled Cheque with name pre-printed <input type="radio"/> Bank statement <input type="radio"/> Pass book <input type="radio"/> Bank Certificate				

3rd Additional bank accounts details

Name of the Bank _____				
Core Banking A/c No.	<input style="width:95%;" type="text"/>	A/c. Type Please (✓) NRE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> FCNR <input type="radio"/> NRO <input type="radio"/>		
Branch Name	Address _____			
Bank Branch City	State _____	Pin Code	<input style="width:80%;" type="text"/>	
^MICR Code	<input style="width:80%;" type="text"/>	Please attach a cancelled cheque OR a clear photo copy of a cheque		
		^^IFSC Code (Mandatory for Credit via NEFT/RTGS)	<input style="width:80%;" type="text"/>	
Document attached (Please (✓) Any one): <input type="radio"/> Cancelled Cheque with name pre-printed <input type="radio"/> Bank statement <input type="radio"/> Pass book <input type="radio"/> Bank Certificate				

4th Additional bank accounts details

Name of the Bank _____				
Core Banking A/c No.	<input style="width:95%;" type="text"/>	A/c. Type Please (✓) NRE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> FCNR <input type="radio"/> NRO <input type="radio"/>		
Branch Name	Address _____			
Bank Branch City	State _____	Pin Code	<input style="width:80%;" type="text"/>	
^MICR Code	<input style="width:80%;" type="text"/>	Please attach a cancelled cheque OR a clear photo copy of a cheque		
		^^IFSC Code (Mandatory for Credit via NEFT/RTGS)	<input style="width:80%;" type="text"/>	
Document attached (Please (✓) Any one): <input type="radio"/> Cancelled Cheque with name pre-printed <input type="radio"/> Bank statement <input type="radio"/> Pass book <input type="radio"/> Bank Certificate				

B - Default Bank Account

From among the bank accounts registered with you or mentioned above, please register the following bank account as a Default Bank Account into which future redemption and/or dividend proceeds, if any, will be paid. I/we understand that if the Default Bank Account is left blank, then the 1st Additional Bank Account, will be considered as the default Bank Account. I/We also further understand that at the time of Redemption, if any other Bank Details is asked for or requested, which is different from the default bank or any above given Additional Bank(s), registered under the Folio, the Updation of such new Bank Account will be done in 10 Business Days, and if the new requested updation is not done with in the specified period, the Redemption payout for that particular transaction will be made to the Default Bank Account given below:

Bank Account No.	Bank Name

DECLARATION & SIGNATURES: I/We hereby declare that the particulars given in this Application Form are correct. I/We also agree that if the payout is delayed or not effected for reasons of incomplete or incorrect information or any other operational reasons, I/We would not hold Mirae Asset Global Investments (India) Pvt. Ltd., (Investment Managers to Mirae Asset Mutual Fund) their appointed service providers or representatives responsible. I/we also note to inform Mirae Asset Global Investments (India) Pvt. Ltd. about any change in my/our bank account. I / We have read and understood the contents of the SID & SAI of the Scheme and agree to the Terms and conditions mentioned therein.

To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES

 Signature of 1st Applicant / Guardian / Authorised Signatory /PoA / Karta	 Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	 Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA
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Regd. Office: Mirae Asset Global Investments (India) Pvt. Ltd., Unit No. 606, 6th Floor, Windsor Bldg., Off CST Road, Kalina, Santacruz (E), Mumbai – 400 098.
Toll Free No. 1800 2090 777, **e-mail:** customercare@miraeasset.com, **website:** www.miraeassetmf.co.in

C - Bank Account Deletion Form

Folio No. _____	Permanent Account Number (PAN)										
Name of Sole / First Unit Holder _____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

Please delete the following Bank accounts as registered accounts for my/our above folio:

Bank Account No.		Bank Name	
Bank Account No.		Bank Name	
Bank Account No.		Bank Name	
Bank Account No.		Bank Name	

Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form.

DECLARATION & SIGNATURES: I/We hereby declare that the particulars given in this Application Form are correct. I/We also agree that if the payout is delayed or not effected for reasons of incomplete or incorrect information or any other operational reasons, I/We would not hold Mirae Asset Global Investments (India) Pvt. Ltd., (Investment Managers to Mirae Asset Mutual Fund) their appointed service providers or representatives responsible. I/we also note to inform Mirae Asset Global Investments (India) Pvt. Ltd. about any change in my/our bank account. I / We have read and understood the contents of the SID & SAI of the Scheme and agree to the Terms and conditions mentioned therein.

To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES		
<input type="checkbox"/> Signature of 1st Applicant / Guardian / Authorised Signatory /PoA / Karta	<input type="checkbox"/> Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	<input type="checkbox"/> Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA

Instructions and Terms and Conditions:

1. This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals/HuF can register upto 5 different bank accounts for a folio by using this form. Non-individuals can register upto 10 different bank accounts for a folio. For registering more than 5 accounts, please use extra copies of this form.
2. Please enclose a cancelled cheque leaf for each of such banks accounts. This will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque leaf is provided. Accounts not matching with such cheque leaf thereof will not be registered.
3. If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, bank account statement or pass book giving the name, address and the account number should be enclosed. If photocopies are submitted, investors must produce original for verification.
4. Bank account registration/deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
5. The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
6. The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account.
7. A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request, subject to standard processing norms.
8. If any of the registered bank accounts are closed/ altered, please intimate the AMC in writing of such change with an instruction to delete/alter it from of our records.
9. The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts/ Dividend payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
10. If request for redemption received together with a change of bank account or before verification and validation of the new bank account, the redemption request would be processed to the currently registered default (old) bank account.
11. If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/ NRO/ NRE.
12. The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.

Third Party Payment Declaration

(Should be enclosed with each payment/SIP Enrolment)

To,
Mirae Asset Mutual Fund,
 Mumbai.

Payments by : **Parent/Grand-Parents/Related Persons Other than the Registered Guardian**
 Payments to : To a Minor Folio only; In consideration of: Natural love and affection or as gift only
 Maximum Value : Not Exceeding ₹ 50,000/- (each regular purchase or per SIP installment)

Application and Payment Details

(All details below are mandatory, including relationship, PAN and KYC)

Folio No.		Appln Form no.	
Beneficial Minor's Name:			
Investment Amount: (₹)		Trxn / Appln Date	dd / mmm / yyyy
Payment Cheque No.		Dated	dd / mmm / yyyy
Cheque Drawn on Bank:			
Cheque Drawn on A/c No.:			

Declaration and Signatures

Particular	Parent/Grand-Parents/Related Persons Other than the Registered Guardian	Guardian of Minor, as registered in the folio
Name		
Relationship with		
Minor:		
PAN No.		
KYC Acknowledgement	<input type="checkbox"/> Attached Mandatory for any amount	<input type="checkbox"/> Attached Mandatory for any amount
Declaration	I hereby declare and confirm that the minor stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor.
Signature/s		
Contact Number		

THIRD PARTY PAYMENT DECLARATION FORM FOR CUSTODIAN ON BEHALF OF AN FII OR CLIENT:
(Required on Custodian Letter head only. Should be enclosed with each payment)

To,
Mirae Asset Mutual Fund,
 Mumbai.

Application and Payment Details

(All details below are mandatory)

Folio No.		Appln Form no.	
Beneficial Applicant/ Investor Name:			
Investment Amount: Rs.		Trxn / Appln Date	dd / mmm / yyyy
Payment Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT
Payment Cheque / UTR No.		Dated	dd / mmm / yyyy
Payment from Bank:			
Payment from A/c No.:			

We declare that we are registered as a Custodian with SEBI under Registration no: _____																																									
Declaration: We confirm the beneficial owner as stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the Applicant/Investor.																																									
Name of Declarant(s):																																									
Signature of Declarant(s):																																									
PAN Details of Declarant(s):	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td align="center" colspan="10">Custodian</td> <td align="center" colspan="10">FII / Clients</td> </tr> </table>																					Custodian										FII / Clients									
Custodian										FII / Clients																															
Please Enclose a copy of KYC Compliance Acknowledgement letter for both custodian and for the Investor, being a mandatory requirement as per regulations.																																									
Address Details of Declarant(s): _____																																									

City: _____	State: _____																																								
Postal code: _____	Country: _____																																								

CONFORMATION OF SOURCE OF FUND FOR COMPLIANCE OF THIRD PARTY PAYMENT

Bankers Certificate in case of Demand Draft / Pay Order / Any Other pre-funded instrument

To,
Mirae Asset Mutual Fund,
 Mumbai.

We hereby confirm the following details regarding the instrument issued by us:

Instrument Details:

Instrument Type:	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order	
Instrument Number:		Dated	dd / mmm / yyyy
Instrument Amount: (In ₹)		Trxn / Appln Date	dd / mmm / yyyy
In Favour of / Favouring:			
Payable At:			

Details of Bank Account Debited for issuing the instrument

Bank Account Number										
Account Type Please (✓)	<input type="checkbox"/> NRE	<input type="checkbox"/> CURRENT	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> NRO						
Account Details	Account Holder Name					PAN Details				
1.										
2.										
3.										

If the issuing bank branch is outside India:

We further declare that we are registered as a Bank/branch as mentioned below:

Under the Regulator	Name of Regulator
In the Country	Country Name
Registration No.	Registration Number

We confirm having carried out necessary Customer due diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws in our country.

Branch Manager/Declarant(s)

Name:	
Signature:	Bank & Branch Seal (mandatory)
Address Details of Declarant(s): _____	
City: _____	State: _____
Postal code: _____	Country: _____
Contact Number: _____	

Important Note: It is clarified that the bankers certificate suggested above is recommendatory in nature, as there may be existing Bank Letters / Certificates / Declarations, which will confirm to the spirit of the requirements, if all required details are mentioned in the certificate.